Model QI Reviews: Quality Research Team's Consultation with Partnership Sites - I

Completed in 1997, this report describes three Model QI Review studies initiated at two Partnership sites: ElderCare of Dane County (Madison) and Community Care for the Elderly (Milwaukee). The report describes how each site approached their quality improvement studies focused on 'Identification and Integration of Member/Caregiver Preferences' and 'Personal Care Worker Programs', two of the Model QI Reviews developed by the Quality Research Team.

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Community Care for the Elderly, Milwaukee
Model QI Review #1: Integrating Member Goals and Model QI Review #9: Personal Care

In June and July 1997, staff at Community Care for the Elderly (CCE), Milwaukee, conducted a sample chart review in preparation for conducting the Model QI Reviews. The purpose of the chart review was to determine how CCE was documenting 'member goals'. CCE staff pulled 129 charts for review. If a member goal was documented, the goal was transferred to a list. Each member goal was listed next to the goals or targeted areas (for that member) by the multidisciplinary team (M-Team). This was done to observe the goals side by side and the relationship between the two.

Of the 129 charts reviewed, 78 of the charts (60%) had member goals documented. The most commonly documented member goals were: 'maintain community-based living'(13), 'maintain independence'(11), and 'go to heaven' (7).

Plan of Action:

CCE contacted the research team to meet with staff to discuss the results of the chart review and to request advice about conducting a QI Review, including advice about the methods to improve collection and documentation of member's goals. CCE planned to integrated Model QI Review #1 (Member Goals) and #9 (Personal Care) into one study. This was based on WPP research team recommendations that including the personal care workers in data collection would be a first step towards better utilization of the relationship PCWs have with members, and the important knowledge that PCWs have about members due to that relationship.

In July 1997, the research team met with CCE staff. After recapping the chart review process and results, CCE provided the research team with the list of member and M-Team goals that were pulled from charts. CCE staff were concerned about the way some of the member goals were recorded (language that didn't provide enough details or sounded like provider goals) and that many of the charts lacked documentation of member goals, wishes, preferences, etc.. Staff who conducted the review identified the difficulty they had locating documentation of member goals, preferences. The information that was found was located in various records in various locations. This experience made it clear to CCE management that a centralized location for important member information gathered from members was necessary in the charts.

Discussions with CCE began with provider staff expressing concern about how they should encourage WPP members to share their goals, concerns, preferences, with WPP staff. They asked the research team 'What is the question we should be asking members?' and 'How should we approach this?' Staff reported difficulty they had experienced when attempting to discuss such matters with frail elderly populations. They pointed out that members generally don't discuss their lives in terms of 'goals.'

The use of the term 'member goals' has been raised before. The term has been used by the research team due to lacking a concise way to describe member preferences, wishes, hopes, desires. Member-centered care requires care providers to be familiar with and understand the unique attributes of each individual. Providers need to understand these things *from the perspective of the member*. Providers need to know what each member would like assistance with, and what they want to accomplish in the WPP. These things must be considered during M-team care planning sessions.

Collecting information from frail elderly members can be difficult. The Research Team recommended that all IDT members, including the PCW, approach individual members about their goals and preferences by asking them 'Do you think the program knows what is most important to you' or 'Can you tell me what is most important to you'. Once a dialog between member and provider is in place, and providers have some understanding of what the member's perspective is, they might ask the member: 'Do you think the things that are most important to you are being considered in the services you are receiving?' or 'How do you think that these things could be maintained or obtained?' There clearly isn't any one 'right' way for providers to ask members about these things. Each discipline will ask this question differently, will understand the response from the member differently, and will have different perspective about how to put member information into action with the member.

As CCE considered the design of their Model QI Review study, the research team recommended that they further explore:

- Charts where a member goal was documented, but the documentation didn't include enough information (i.e., for goals documented as "Maintain independence" – what does this mean? Does a member want to be able to walk to the store, live at home? What are they striving to maintain? What are they striving to gain?)

- Charts where both the member's goal and the M-Team's goal are documented, but a relationship between the two goals isn't clear (i.e., member goal=remain somewhat

independent/M-team goal=all needs met evidenced by better oral hygiene, clean clothing, clean hair and body)

- Charts that have member and M-team goal's documented (and they appear to be related) to see whether or not the actual plan of care for the member integrated the member's goals

- Whether or not the M-team has a member's goals in front of them as they develop the plan of care/re-evaluate care plans for that member

In August 1997, CCE developed a first draft of their Model QI Review project. The research team made some minor recommendations on question wording and stressed the importance that each discipline on the IDT be allowed to ask the question in their own way. CCE began collecting data in Fall,1997.

ElderCare of Dane County
Model QI Review #9: Personal Care

In June, the research team met with EC staff to draft PCW assessment and evaluation forms as a first step towards completion of a Model QI Review #9 (personal care services). These forms were to be completed by all personal care staff members.

In July, the research team met with the Home Care supervisor from EC who presented a detailed workplan for various facets of the personal care program. The workplan included:

competency requirements, recruiting, training, and scheduling issues, supervisory guidelines and increased participation of member family caregivers in planning and evaluation of services. All of the areas identified by the Home Care Supervisor matched well with the priority areas identified by the researchers in the Model QI Review #9.

After this meeting, the Home Care Supervisor at Eldercare drafted a more formal outline of the recommendations for EC's home care program and forwarded that to EC's COO for approval.

ElderCare of Dane County

Model QI Review #1: Integrating Member Goals

In September, the research team met with EC's WPP Manager to discuss how to proceed with Model QI Review #1. Prior to the meeting, EC's WPP Manager had conducted a brief 'audit' of how each of the three WPP care teams at ElderCare was doing in terms of documenting and integrating member goals into care planning. The audit indicated that EC's three care teams were practicing differently in regards to asking members about goals and documenting this information.

The WPP Manager anticipated improved integration of member goals through a 4-step process: 1) making sure there was an actual space or area on member's Plan Of Care (POC)'s/charts for documenting member goals, 2) educating/training staff about how to ask members for these goals, 3) documenting the members goals in POC/charts, and 4) integrating the member's goals into actual care planning. EC management staff also considered requiring the member to sign-off on the 'member's goals' section of the POC.

During the audit period, IDT staff (in particular, nursing staff??) raised several concerns. These included: the staff time that would be required to get information from members, how to ask member's for the information, and how difficult it can be getting this information from frail, elderly members. In addition, there were concerns raised by EC staff about the plan to have members' sign off on the POC. Staff wanted to know what the signature indicated in terms of liability for 'goal achievement'. They questioned whether or not the member signature meant that the plan was 1) understood and/or 2) acceptable to the member - this was unclear. Also, staff raised the question: What would happen in situations if a member decided not to sign off on the POC?

Questions and concerns raised by EC's staff about liability for meeting members goals, and what Interdisciplinary Team (IDT)'s can achieve with members towards their goals, raised questions about how disagreements between members and IDTs at this level – during POC development - should be resolved. Providers must feel confident about their ability to recommend services to a particular member and to inform members about services that cannot be provided. Differences in opinion between IDT and individual members should be documented per QI Review recommendations. Differences between IDT and individual members should result in further discussion between the member and the IDT about the outcomes of care that will be used to measure whether services are successful in meeting the goals of both the IDT and the member's. The research team has advocated that these disagreements (between the IDT and the member/family) be resolved as much as possible at the care planning level. This would be prior to entering the formal appeals and grievances process outlined in the protocols.

To begin their Model QI Review, EC staff decided to experiment with one of the IDTs (Team 3) for 30 days. Prior to each team meeting, each team member (each discipline) is to reflect and ask themselves 'What have I learned about member's goals/preferences since the last time we met?' They are to share these reflections at each team meeting for 30 days. A time for 'sharing' will be formally built into the IDTs meeting agenda, and the WPP manager will introduce the exercise at the next staff meeting. The research team will interview this IDT care team about: how member goals are obtained, documented, and acted upon, and how member goals and IDT goals are integrated. One interview has already been completed and will be analyzed shortly. However, initial findings indicate a need to further explore with teams :

-How/When member goals can be obtained

-What to do when member goals and IDT goals do not match

-How to document member and IDT goals in a useful way

As EC management further considered the design of their Model QI Reviews, the research team recommended that they include:

How to integrate PCWs in IDT care planning sessions

How information is documented/shared between the IDT RN and PCW

Documenting how information is shared in IDT #3 meetings over next 30 days